

BALTIMORE COUNTY GOVERNMENT BENEFITS CHANGE FORM



Return to:
Baltimore County Insurance Division
400 Washington Ave Rm. 111, Towson, MD 21204

Phone: 410-887-2568
Fax: 410-887-3820
Email: bcbenefits@baltimorecountymd.gov

Type of Event

Add Dependent(s)	Remove Dependent(s)	Change in Plans/Coverage Level
<input type="checkbox"/> Marriage*	<input type="checkbox"/> Legal Separation / Divorce*	<input type="checkbox"/> Loss of other coverage*
<input type="checkbox"/> Birth/Adoption of a Child*	<input type="checkbox"/> Death*	<input type="checkbox"/> Gain of other coverage*
<input type="checkbox"/> Other (please explain)	<input type="checkbox"/> Other (please explain)	<input type="checkbox"/> Other (please explain)

DATE OF EVENT:

NOTE: *Change must be requested within 31 days of event and attach applicable documentation
(ex. proof of birth or adoption certificate, marriage license/certificate, divorce decree, etc.)

Employee Personal Information

Employee Name		Employee SSN (last 4)		DOB	
Street		City		State	Zip
Work Phone		Preferred Phone		Email	

Dependent(s) Being Added or Removed

Name	Relation	Social Security #	Gender	Date of Birth
Employee	Self			

*Address for Person being removed: _____

Medical Plans

- ☐ Cigna Open Access Plus In-Net Only (OAPIN)
☐ Cigna Open Access Plus (OAP)
☐ Cigna High Deductible Health Plan (HDHP)
☐ Kaiser Permanente Select HMO
☐ Waive Coverage

Cov. Level : ☐ IND ☐ EE/SP ☐ P/C ☐ FAM

Dental Plans

- ☐ CareFirst BCBS Traditional Dental
☐ CareFirst BCBS Preferred Dental PPO
☐ Cigna Dental Care HMO
☐ Waive Coverage

Cov. Level : ☐ IND ☐ EE/SP ☐ P/C ☐ FAM

Vision Plan

- ☐ CareFirst Davis Vision
☐ Waive Coverage

Cov. Level : ☐ IND ☐ EE/SP ☐ P/C ☐ FAM

Flexible Spending Accounts (FSA)

- ☐ Health Care FSA \$ _____ per year
☐ Dependent Care FSA \$ _____ per year

Health Savings Account (HSA) ONLY IF ENROLLED IN CIGNA HDHP

- ☐ Health Savings Account (HSA) \$ _____ per year

Employee Signature

Date

To Be Completed By Baltimore County Insurance Division

Effective Date: _____	Completed by: _____	Date: _____
Cobra Event? _____	If yes, date COBRA spreadsheet put on FTP _____	